Stens CORPORATION 3020 Kerner Blvd, Suite "D" San Rafael, California 800.257.8367

Credit Application

APPLICANT NAME_____

ADDRESS_____

CITY, ST. ZIP_____

TELEPHONE_____FAX_____

EMAIL _____

CONTACT PERSON_____

LOCATION OF
EQUIPMENT_SAME_____
street city county state zip

TYPE OF BUSINESS_____TIME IN BUSINESS_____ corp_____ ptrship_____ prop._____

FEDERAL TAX ID NUMBER_____MEDICAL LICENSE #_____ RESALE LICENSE #_____

OFFICERS OR OWNERS

NAME	%	TITLE	HOME ADDRESS	HOME PHONE	SOC. SEC. NO.

BANK REFERENCES

BANK NAME	BRANCH	ACCOUNT NUMBER	OFFICER	PHONE	CH	SV	LN

CREDIT/TRADE REFERENCES

FIRM NAME	TELEPHONE	ACCOUNT NUMBER +/OR CONTACT	CITY , STATE.

EQUIPMENT TO BE LEASED_____

_____EQUIPMENT COST_____

APPLICANT SIGNATURE_____

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender, or funding service that be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim that they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.